

Last, First, Middle Initial	

This transaction is a:	Termination	Layof
This transaction is a:		Layof

Termination/Layoff Information	Date Last Paid:		
Social Security Number:	Separation Status		
Transaction Type	Is the action voluntary?	☐ Yes ☐ No	
Action Code:	Is the employee in "Good Standing?	☐ Yes ☐ No	
Department:	Would you re-employ?	☐ Yes ☐ No	
Division:			
Position Number:			
Effective Date:			
Reason Code:	Insurance cancellation effective date:	/01/	
Date Last Worked:			
$\overline{n\text{Signatures}}$ I hereby certify that the facts stated above are correct.		Entered	
Employee Signature:	Date:		
Division Head Signature:	Date:		
Appointing Authority Signature:	Date:		
■Civil Service Commission			
☐ Approved ☐ Disapproved By	ː	Date:	
		CSC Verified	